



### Patient Account Policy

Thank you for choosing Pantops Physical Therapy & Occupational Therapy as your therapy provider. We appreciate the opportunity to help you and to teach you techniques for a quick return to good health. Please read the statement below that represents your health coverage.

1. **Health insurance:** as a courtesy to our patients, we will verify benefits and submit our charges to your requested insurance provider. **Verification of benefits is not a guarantee of payments.** If you have any questions regarding your coverage limitations and/or restrictions, please contact your insurance carrier directly. If at a later date, you request of the file an alternative insurance, there will be a fee for this service.
2. **Patients without insurance coverage:** payments for these services are due at the time the services are rendered.
3. **Patients involved in a motor vehicle accident, or if there is an attorney involved:** If it is a motor vehicle accident, we will verify the status of your accident claim. If we are told that the claim has been approved, and they are paying as claims are filed, you will not be expected to pay at the time of service. If the claims are pending, or if your claims are in a legal dispute, we will require an account payment per visit. We understand that in some cases, the resolution of your situation may take several years, therefore once discharged from our care will be happy to set up a payment plan for any residual balance for our services.
4. **Collection policy:** Any outstanding balance after 90 days (not including any pending third-party payments) will incur a 1.5% interest charge. The account may also be turned over to a collection at that point. Collection fees, attorney fees and court costs, along with your outstanding balance will be accrue an interest rate of 18% annually after 30 days.

The above statements are or policies for handling your personal account. If you have any questions regarding the content of the statement, please do not hesitate to contact us at (434) 244-0069.

Sincerely,

Pantops Physical Therapy

I have read and understand the patient account policy. I agreed to the terms of this policy and choose the following option:

\_\_\_\_\_ Health Insurance

\_\_\_\_\_ No insurance coverage

\_\_\_\_\_ Motor vehicle accident/attorney involvement

\_\_\_\_\_  
Patient/guardian signature

\_\_\_\_\_  
Date